



MIAMI-DADE COUNTY FLORIDA

Death Benefit Beneficiary Designation

Employee Name: _____

Social Security Number: _____

Date of Hire: _____

Miami-Dade County Death Benefit Resolution No. 81-02 provides for the following death benefit:

When a permanent status and career exempt employee dies and it has been determined that his/her survivors are not entitled to County provided job related death benefits, the County will pay to the employee's beneficiary (ies) the following death benefit amount determined by the employee's years of continuous County Service:

- If the employee's longevity is less than ten (10), the beneficiary (ies) shall be eligible for the equivalent of one pay period's regular salary and \$2,000.00 dollars.
- If the employee's longevity is less than twenty (20) years, the beneficiary (ies) shall be eligible for the equivalent of two pay period's regular salary and \$4,000.00 dollars.
- If the employee's longevity is 20 years or more, the beneficiary (ies) shall be eligible for the equivalent of two pay period's regular salary and \$6,000.00 dollars.

Below please designate the person(s) you choose to be the beneficiary (ies) of this benefit below:

	Beneficiary's Name	Social Security No.	Date of Birth	Percentage
1				
2				
3				

	Beneficiary's Street Address	City, State Zip Code
1		
2		
3		

	Contingent Beneficiary's Name	Social Security No.	Date of Birth	Percentage
1				
2				

	Contingent Beneficiary's Street Address	City, State Zip Code
1		
2		

NOTE: CONTINUE BENEFICIARY LISTING ON REVERSE SIDE, IF NECESSARY: CHECK () If there is a continuation.

Employee's Signature _____

Date _____

Revised 03/20/02 by MG